What is claimed:

1. A method, comprising co-administering effective amounts of a thrombolytic compound and an anti-CD18 antibody to a mammal in need thereof.

2. The method of claim 1, wherein the thrombolytic compound is a tissue plasminogen activator (tPA).

3. The method of claim 1, wherein the anti-CD18 is a $F(ab)'_2$.

4. The method of claim 1, wherein the dose of the anti-CD18 antibody is in the range from about 100μg/kg to about 20mg/kg.

5. A method of treating a human acute myocardial infarction patient at risk of having Thrombolysis In Myocardial Infarction (TIMI) grade 2 or less blood flow in an infarct related artery (IRA) at least partially occluded by a thrombus or embolus, comprising co-administering effective amounts of a thrombolytic compound and an anti-CD18 antibody to a patient in need thereof.

6. The method of claim 5, wherein the co-administration provides a TIMI blood flow measured 90 min after start of administration of the thrombolytic compound which is TIMI grade 3.

7. The method of claim 6, wherein the TIMI blood flow is measured by a corrected TIMI frame count.

8. The method of claim 5, wherein the anti-CD18 antibody is administered at a time prior to administration of the thrombolytic compound to a time about 15 minutes after administration of the thrombolytic compound.

9. The method of claim 5, wherein the thrombolytic compound is administered at a dose of not more than about 100 mg/kg.

10. The method of claim 9, wherein the thrombolytic compound is administered as a 15 mg IV bolus dose, followed by infusion of 0.75 mg/kg over 30 min not to exceed 50 mg, followed by 0.5 mg/kg over 60 min not to exceed 35 mg.

11. The method of claim 10, wherein the anti-CD18 antibody is administered at a dose in the range from about 100μg/kg to about 20mg/kg.

12. The method of claim 11, wherein the anti-CD18 antibody is administered at a dose of about 0.5-2.0 mg/kg.

13. A method of increasing blood flow in an infarct related artery (IRA) in a human patient who has been treated with a thrombolytic compound which dissolves or removes a thrombus or embolus from an IRA at least partially occluded by the thrombus or embolus, comprising administering an effective amount of an anti-CD18 antibody to the patient in need thereof during the effective therapeutic window of the thrombolytic compound when administered alone.

14. A method of increasing blood flow in an infarct related artery (IRA) in a human acute myocardial infarction patient who has been treated with a thrombolytic compound which dissolves or removes a thrombus or embolus from an IRA at least partially occluded by the thrombus or embolus, comprising administering an effective amount of an anti-CD18 antibody to the patient in need thereof at a time prior to administration of the thrombolytic compound to a time about 3 hr after administration of the thrombolytic compound.

15. The method of claim 14, wherein the anti-CD18 antibody is administered at a time prior to, concurrent with, or up to 30 minutes after administration of the thrombolytic compound.

16. The method of claim 14, wherein the anti-CD18 antibody is administered at a dose of in the range from about 100μg/kg to about 20mg/kg.

17. A method for reducing infarct size, comprising co-administering effective amounts of a thrombolytic compound and an anti-CD18 antibody to a patient in need thereof.

18. The method of claim 17, wherein the thrombolytic compound is a tissue plasminogen activator (tPA).

19. The method of claim 17, wherein the anti-CD18 is a $F(ab)'_2$.

20. The method of claim 17, wherein the dose of the anti-CD18 antibody is in the range from about 100μg/kg to about 20mg/kg.